

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90006 043 ***150.00

DOCUMENT # P95000041634

1. Entity Name

ARCA TIRES INC.

Principal Place of Business

2450 PALM AVE
HIALEAH FL 33010

Mailing Address

2450 PALM AVE
HIALEAH FL 33010

2. Principal Place of Business

2400 Palm Ave.

3. Mailing Address

2400 Palm Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FL 33010

City & State

HIALEAH FL

Zip

33010

Country

Zip

33010

Country

4. FEI Number

65-0583235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABASCAL, ALEJANDRO L
2450 PALM AVE
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name **ALEJANDRO ABASCAL**

Street Address (P.O. Box Number is Not Acceptable)

2400 Palm Ave

City **HIALEAH**

FL

Zip Code

33012

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **ALEJANDRO ABASCAL**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ABASCAL, ALEJANDRO L	
STREET ADDRESS	1035 W. 33 PL.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ABASCAL, ALEJANDRO L	
STREET ADDRESS	1035 W. 33 PL.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ALEJANDRO ABASCAL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/01 305-882-1310

CR2E034 (10/00)